

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90047 048 \*\*\*\*61.25

**DOCUMENT # N22077**

1. Entity Name

**FLORIDA RESURRECTION HOUSE, INC.**

Principal Place of Business

3872 7TH AVENUE NO  
 APT. D  
 ST. PETERSBURG FL 33713  
 US

Mailing Address

3872 7TH AVENUE NO  
 APT. D  
 ST. PETERSBURG FL 33713  
 US

2. Principal Place of Business

800 11th Street No.

Suite, Apt. #, etc.

3. Mailing Address

800 11th Street No.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-2837168

Applied For

Not Applicable

Zip

33705-1229

Country

US

Zip

33705-1229

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SINCLAIR, CYNTHIA H  
 4912 MILANO CT NE  
 SAINT PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	RIMEL, BRIAN S	
STREET ADDRESS	770 17TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GILES, JOEL B	
STREET ADDRESS	626-17TH AVENUE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AUCREMAN, J. CLAIRE	
STREET ADDRESS	1801 - 40TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SINCLAIR, CYNTHIA H	
STREET ADDRESS	701 MIRROR LAKE DRIVE, #108	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PAULKNER, CATHERINE	
STREET ADDRESS	1253 -89TH AVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell, Carol	
STREET ADDRESS	821 Snell Isle Blvd. NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kyes, Ford N.	
STREET ADDRESS	403 Cedar Ct. NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aucerman, J. Claire	
STREET ADDRESS	1801 40th Avenue North	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	League, Pamela J.	
STREET ADDRESS	5719 27th Avenue South	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cynthia H. Sinclair*

CYNTHIA H. SINCLAIR 1-800-823-4742

CR2E037 (9/01)